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Image# 201602199008504916

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For	Other	Than An	Authorized	d Commit	tee		Office Use Only	
1. NAME OF TY COMMITTEE (in full)	PE OR F	PRINT <b>▼</b>		ımple: If typr r the lines.	oing, type	12FE4M5		
, AMERICAN SOCIETY O	F INTI	ERVENTI	ONAL PA	AIN PHY	SICIAN P	AC		1
ADDRESS (number and street)	2831 Lon	e Oak Road						
Check if different than previously reported. (ACC)	Paducah					KY	42003	
2. FEC IDENTIFICATION NUM	BER ▼		CITY 🛦			STATE A	ZIP CO	ODE 🛦
C C00351197		(	B. IS THIS REPORT	×	NEW (N) OR	AN (A)	MENDED )	
4. TYPE OF REPORT (Choose One)	(b) Mon Repo	ort	Feb 20 (M2) Mar 20 (M3)		May 20 (M5)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		- 1	, ,		, ,			(Non-Election Year Only)
April 15 Quarterly Report (Q1)		Ш	Apr 20 (M4)	Ш	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
July 15	(c)	12-Day  PRE-Election		Primary (12	2P)	General	(12G)	Runoff (12R)
Quarterly Report (Q2) October 15		Report for the		Convention	(12C)	Special (	12S)	
Quarterly Report (Q3)  January 31  Year-End Report (YE)		E	ection on	M = M	/ D D /	Y Y Y Y Y	in the	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election	on 📗	General (30	0G)	Runoff (3		Special (30S)
Termination Report (TER)		E	lection on	M = M	/ D = D /	Y = Y = Y	in the State	
5. Covering Period 01	01		16	through	M - M 01	31	2016	]
I certify that I have examined this F	Report a	nd to the be	st of my kno	wledge and	belief it is tr	ue, correct and	d complete.	
Type or Print Name of Treasurer	Laxmaial	n Manchikanti	MD					
Signature of Treasurer  Laxmaial	h Manchik	anti MD		[Electronica	lly Filed] [	Date 02	/ 19 /	2016
NOTE: Submission of false, erroneou	s, or inco	mplete inforn	nation may su	ubject the pe	erson signing t	his Report to the	ne penalties of 2	U.S.C. §437g.
Office Use Only							FEC FOI Rev. 12/	

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		303949.91
	(b) Cash on Hand at Beginning of Reporting Period	303949.91	
	(c) Total Receipts (from Line 19)	21196.89	21196.89
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	325146.80	325146.80
7.	Total Disbursements (from Line 31)	10794.51	10794.51
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	314352.29	314352.29
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: 01	01 2016 To:	01 31 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	20333.17	20333.17
(i) Itemized (use Schedule A)	7	
(ii) Unitemized	666.67	666.67
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	20999.84	20999.84
(h) Delitical Banta Committee	0.00	0.00
(b) Political Party Committees	5.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	20999.84	20999.84
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Leans Dessived	0.00	0.00
. All Loans Received	7	0.00
Lean Denouments Dessived	0.00	0.00
. Loan Repayments Received	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	197.05	197.05
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
(h) I = 1 = F = 1 = (f = = 0 obs = 1   1 = 115)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(6) 10141 1141101010 (4444 10(4) 4114 10(5))		3.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	21196.89	21196.89
_		
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	21196.89	21196.89

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
Operating Expenditures: —	Total Tills I Gliou	Calcilual Teal-10-Date				
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating	E704 E4	5794.51				
Expenditures(c) Total Operating Expenditures	5794.51	5/94.51				
(add 21(a)(i), (a)(ii), and (b))▶	5794.51	5794.51				
Transfers to Affiliated/Other Party						
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees						
and Other Political Committees	5000.00	5000.00				
Independent Expenditures	0.00	0.00				
(use Schedule E)  Coordinated Party Expenditures	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
(use ourleadic 1)	7					
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
(a) Individuals/Persons Other		0.00				
Than Political Committees	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(b) Political Party Committees	0.00					
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds	0.00					
(add Lines 28(a), (b), and (c))▶	0.00	0.00				
Other Dishursements	0.00	0.00				
Other Disbursements	0.00	0.00				
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
(II) III . I . II . I	0.00	0.00				
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add	3.00					
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
(11)						
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10794.51	10794.5 <sup>2</sup>				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)	10794.51	10794.51				
from Line 31)	10134.31	10794.31				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	20999.84	20999.84
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20999.84	20999.84
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5794.51	5794.51
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	5794.51	5794.51

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	E NUMBER	: PAGI	E 6 OF	11
(check or	nly one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAI	N PAC
Full Name (Last, First, Middle Initial)  Harold Dalton  Mailing Address 6000 N Federal Highway		Date of Receipt
City	State Zip Code	01 28 2016 Transaction ID : SA11AI.11785
Fortland  FEC ID number of contributing federal political committee.	FL 33308	Amount of Each Receipt this Period 416.67
Name of Employer Florida Spine Specialists Receipt For:	Occupation Physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.67	
Full Name (Last, First, Middle Initial)  David Gale MD  Mailing Address 9005 Nesbit Lakes Dr.	·	Date of Receipt
City Alpharetta	State Zip Code GA 30022	01 28 2016  Transaction ID : SA11AI.11781  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Physical Pain Specialists Receipt For:	Occupation Physician	- Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Standiford Helm II MD	'	Date of Receipt
Mailing Address 1808 Calle de La Alamos		01 15 2016
City San Clemente	State Zip Code CA 92672	Transaction ID : SA11AI.11775  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	3416.67
TOTAL This Period (last page this line num	ber only)	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L			:	PAGE	7	OF	11
(check	only or	ne)					
X 11	а	11b		11c	12		
13	3	14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial)  A. Paul Hubbell MD  Mailing Address 236 W. Livingston Place		Date of Receipt
City Metairie	State Zip Code LA 70005	01 28 2016  Transaction ID : SA11AI.11786  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.50
Name of Employer  Southern Pain  Receipt For:	Occupation Physician	Contribution
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 416.50	
Full Name (Last, First, Middle Initial)  Chandrakala Manchikanti  Mailing Address 2075 Natchez Lane	•	Date of Receipt
City Paducah	State Zip Code KY 42001	Transaction ID : SA11AI.11773  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer KSA Enterprises, Inc.	Occupation  Executive	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Laxmaiah Manchikanti MD	1	Date of Receipt
Mailing Address 2075 Natchez Lane		01 12 2016
City Paducah	State Zip Code KY 42001	Transaction ID : SA11AI.11772  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer PMCP PSC	Occupation  Medical Director	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional	)	10416.50
TOTAL This Period (last page this line num	ber only)	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

	TOTAL MOMBERS				PAGE	=	8	OF	11	
(check only one)										
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC			
Full Name (Last, First, Middle Initial)  A. Allan Parr MD  Mailing Address 7015 Highway 190 East S					
City Covington	State Zip Code LA 70433	01 27 2016  Transaction ID : SA11AI.11778  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	5000.00  Contribution			
Name of Employer  Premier Pain Center  Receipt For:  Primary  General	Occupation Physician  Aggregate Year-to-Date ▼				
Other (specify) ▼  Full Name (Last, First, Middle Initial)	5000.00				
Patrick Retterath MD  Mailing Address 1512 4th Street NE		Date of Receipt  O1 28 2016			
City Watertown	State Zip Code SD 57201	Transaction ID : SA11AI.11779  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Innovative Pain Care Receipt For:	Occupation Physician	- Contribution			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  500.00				
Full Name (Last, First, Middle Initial)  Joseph Waling MD		Date of Receipt			
Mailing Address 3188 Brookfield  City	State Zip Code	01 28 2016			
Newburgh	IN 47630	Transaction ID : SA11AI.11780  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00  Contribution			
Name of Employer Self	Occupation Physician	- Contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
SUBTOTAL of Receipts This Page (optional)		6500.00			
TOTAL This Period (last page this line numb	per only)	20333.17			

### S ľ

S	CHEDULE B (FEC Form 3X)	FOR LINE					NE NUMBER: PAGE 9 OF 11									
IT	EMIZED DISBURSEMENTS	Use sepa	(oncor only			· ·										
		Detailed :		×		22 23 28a 28b					24		25		26	
_		<u> </u>				27				28b			28c 29			30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam															
Ĺ	NAME OF COMMITTEE (In Full)															
$  \rangle$	AMERICAN SOCIETY OF INTERV	'ENTION	NAL PAIN F	PHYSI	IC	IAN	ĮΡ	AC								
$\angle$						.,	• •									
_	Full Name (Last, First, Middle Initial)															
Α.	Bantera Bank						١.	Date of	Dis			ent				
	Mailing Address 3151 Jackson Street						01 31 2016									
	City	State	Zip Code					_			_					
	Paducah	KY	42003					Trans	acti	on ID	: S	B21	B.11	764		
	Purpose of Disbursement Credit card fees										<b>.</b>				_	
	Candidate Name				_		1	Amount	TOT	⊨acn	DIS	sburs	seme	nt this	Per	loa
	Candidate Name			Cateo Typ		y/								23	4.70	)
	Office Sought: House Disbursen	nent For:		14.	PO		'			,			,			
	Senate	Primary	General													
		Other (spec	cify) 🔻													
_	State: District:															
В.	Full Name (Last, First, Middle Initial)							Date of	: Dic	shurce	mo	nt				
υ.	Bantera Bank							M = M	Dis		D	, I	V	Y Y	V	
	Mailing Address 3151 Jackson Street							01			1	,		2016	- Y	
																4
	,	State	Zip Code					Trans	acti	ion ID	: S	SB21	B.11	765		
	Purpose of Disbursement	KY	42003				-									
	Online Contribution fee						Amount of Each Disbursement							nt this	Per	iod
	Candidate Name		gor	v/												
				Тур		<i>y.</i>	15.						5.25	)		
	Office Sought: House Disbursen															
		Primary Other (spec	General													
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_	Full Name (Last, First, Middle Initial)															
C.	Bantera Bank							Date of	Dis	sburse	me	ent				
								M = M	1	D	D	1	Υ	ΥΥΥ	Υ	1
	Mailing Address 3151 Jackson Street							01	J.	3	1			2016		J.
	City S	State	Zip Code													
		KY	42003					Trans	acti	ion ID	: S	SB21	B.11	766		
	Purpose of Disbursement				-		1									
	Brokerage fees							Amount	of	Each	Dis	sburs	seme	nt this	Per	iod
	Candidate Name			Cate		y/				-				28	7.93	3
	Office Sought: House Disbursen	nent For		Тур	pe		-		-	7		-				ш
		Primary	General													
		Other (spec														
	State: District:															
Г															7.00	
S	UBTOTAL of Disbursements This Page (optional)					•				7		-		53	7.88	
Ţ.	OTAL This Period (lest ness this line number and )					_		-								
1 '	OTAL This Period (last page this line number only)				• • • • •											

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SCHEDULE B (FEC Form 3X)			1	DAGE 40 OF 44	
		Use separate schedule(s)	\	FOR LINE NUMBER:  PAGE 10 OF 11	
IT	EMIZED DISBURSEMENTS	for each category of the	(Criccit Offin		
		Detailed Summary Page	X 21b	22 23 24 25 26	
_			27	28a 28b 28c 29 30b	
Ar	ny information copied from such Reports and Staten	nents may not be sold or u	sed by any person	on for the purpose of soliciting contributions	
	for commercial purposes, other than using the nam				
abla	NAME OF COMMITTEE (In Full)				
$  \rangle$	AMERICAN SOCIETY OF INTERV	ENTIONAL DAIN I		DAC	
/	AMERICAN SOCIETY OF INTERV	ENTIONAL PAINT	FITISICIAN	FAC	
_	Full Name (Last, First, Middle Initial)				
Α.				Date of Disbursement	
	· Dantera Dank				
	Mailing Address 3151 Jackson Street			01 31 2016	
	Mailing Address 5151 Jackson Street			01 31 2010	
	City				
	Paducah	State Zip Code KY 42003		Transaction ID : SB21B.11767	
	Purpose of Disbursement	42003			
	Change in investment			Amount of Each Disbursement this Period	
	Candidate Name			Amount of Each Disbursement this 1 chou	
	Candidate Name		Category/	5256.63	
	Office Country		Туре		
	Office Sought: House Disbursen				
		Primary General			
	President	Other (specify) ▼			
	State: District:				
	Full Name (Last, First, Middle Initial)				
В.				Date of Disbursement	
				M M / D D / Y Y Y Y	
	Mailing Address				
	City	State Zip Code			
	Purpose of Disbursement				
				Amount of Each Disbursement this Period	
	Candidate Name		Category/		
			Туре		
	Office Sought: House Disbursen				
		Primary General			
		Other (specify) ▼			
_	State: District:				
C.	Full Name (Last, First, Middle Initial)				
				Date of Disbursement	
				M M / D D / Y Y Y Y	
	Mailing Address				
	City	State Zip Code			
	Purpose of Dishursement				
	Purpose of Disbursement				
	Candidate Name			Amount of Each Disbursement this Period	
	Candidate Name		Category/		
	Office Cought	and Fam.	Туре	7 7 7 7	
	Office Sought: House Disbursen				
		Primary General			
	President	Other (specify) ▼			
_	State: District:				
				5050.00	
8	SUBTOTAL of Disbursements This Page (optional)		•••••••••••••••••••••••••••••••••••••••	5256.63	
Г			_	5704.54	
lт	'OTAL This Period (last nage this line number only)			5794.51	

### ľ

Detailed Surmany Page	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 11 OF 11
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF CONMITTEE (in-Full)  AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  Full Name (Last, First, Middle Initial)  CRAMER FOR CONGRESS  Mailing Address PO BOX 396  City  State  Disbursement Contribution  Candidate Name  Category/ Purpose of Disbursement  Candidate Name  Category/ Type  Disbursement Tor:  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Disbursement  Candidate Name  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)	TEMIZED DISBURSEMENTS	for each category of the	21b	22 🗙 23 🔲 24 📗 25 📉 26
NAME OF COMMITTEE (in Full)  AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  Full Name (Last, First, Middle Initial)  CRAMER FOR CONGRESS  Mailing Address PO BOX 396  City State Zip Code BISMARCK ND 58502  Purpose of Disbursement Contribution  Candidato Name  KEVIN MR. CRAMER  Office Sought: Prinary General P				
Mailing Address PO BOX 396  City State Zip Code BISMARCK ND 58502  Purpose of Disbursement Contribution Candidate Name  KEVIN MR. CRAMER  Office Sought: House Senate President State: Disbursement For: State: Disfrict: Disbursement For: State: Disbursement For: State: Disbursement For: State: Disbursement For: State: Disfrict: Disbursement For: State: Disfrict: Disbursement For: State: Disfrict: Disfrict: Disbursement For: State: Disbursement	, ,	ENTIONAL PAIN PH	HYSICIAN	PAC
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